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**PATENT****AMENDMENT TRANSMITTAL FORM**Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450Customer No.: 23696  
Attorney Docket No.: PA510B1C1  
In Re Application of: Joseph Odenwalder  
Serial Number: 10/634,247  
Filed: August 4, 2003  
Examiner: Duc Nguyen  
Group Art Unit: 2685RECEIVED  
CENTRAL FAX CENTER

SEP 18 2006

Dear Sir:

Transmitted herewith for filing is a Response to the Final Office Action in the above identified application.

| CLAIMS   | (a) Number<br>Remaining After<br>Amendment | (b) Highest<br>Number<br>Previously Paid<br>For | (c)<br>Extra<br>Claims | Large Entity Fee                      | Fee Paid        |        |
|--|--|---|------------------------|---------------------------------------|-----------------|--------|
| Total*   | 18   | 18  | 0                      | x \$50 =                              | \$0.00          |        |
| Independent**  | 3  | 0   | 0                      | x \$200 =                             | \$0.00          |        |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   |                        | \$360                                 | \$0.00          |        |
| EXTENSION FEES   |  |   |                        | <input type="checkbox"/> One Month    | \$120           | \$0.00 |
|  |  |   |                        | <input type="checkbox"/> Two Months   | \$450           | \$0.00 |
|  |  |   |                        | <input type="checkbox"/> Three Months | \$1020          | \$0.00 |
| TERMINAL DISCLAIMER  |  |   |                        | \$130                                 | \$130.00        |        |
|  |  |   |                        | <b>TOTAL FEE</b>                      | <b>\$130.00</b> |        |

\*If the number in column a is less than 20, enter 0 in column c.  
\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$130.00.  
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: September 18, 2006

Signature: S. Hossain BeladiS. Hossain Beladi, Reg. No. 42,311  
(858) 651-4470QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502**CERTIFICATE OF TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

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Depositor's Name: Carrie E. Floss  
(type or print name)Signature: [Signature]

(TRANSAMD.VER1.13-04/30/04)

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/634,247 Confirmation No. 3837  
Applicant : Joseph P. Odenwalder  
Filed : August 4, 2003  
Art Unit : 2685  
Examiner : Duc M. Nguyen  
Docket No. : PA510B1C1  
Customer No. : 23696

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT

Sir:

In response to the Final Office Action of June 9, 2006, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 6 of this paper.

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